PART B - FEE(S) TRANSMITTAL

te and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 (571) 273-2885

or Fax INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

CURRENT CORRESPONDENCE	CE ADDRESS (Note: Use Block	for any change of address)	Ņ	Note: A certificate of	f mailing can only be used this certificate cannot be used	for domestic mailings of the
		_	2	papers. Each addition	nal paper, such as an assignm	ent or formal drawing, must
	590 12/29/200					
NXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		FormFacto	r, Inc. I	hereby certify that	ertificate of Mailing or Tran this Fee(s) Transmittal is beir	smission ng deposited with the United
KRTQXXXXXX KBXXXXXXXXX	KWWK	Legal Dep	artment s	States Postal Service addressed to the Ma	with sufficient postage for fi ail Stop ISSUE FEE address	ng deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below.
	%XXXXXXXXXXX				PTO (571) 273-2885, on the	date indicated below.
		Livermore	, Ca 945	51 Vane	asa Gullat <del>t</del> e	(Depositor's name)
			Ł	4	2000	(Signature)
	•		į	Marci	n 29, 2006	(Date)
APPLICATION NO.	FILING DATE	FII	RST NAMED INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/846,490	04/30/2001	В	enjamin Niles Eldrid	ge	P6D2-US	5397
TLE OF INVENTION: P	ROBE CARD ASSEMB	LY AND KIT. AND ME	THODS OF MAKIN	IG SAME		
122 of Evvalvinoi	1000 0100 11000110				•	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE	PUB	LICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	03/29/2006
•					٠	
EXAMINER		ART UNIT	CLA	SS-SUBCLASS	<b>]</b>	
ARBES,	, CARL J	3729	(	029-884000		
Change of correspondence	e address or indication of	"Fee Address" (37	2. For printing on the	e patent front page,	list	
R 1.363).			(1) the names of up	to 3 registered pate		enneth Burra
R 1.363).			(1) the names of up or agents OR, alterna	to 3 registered pate atively,	ent attorneys I N . Ke	enneth Burra
FR 1.363). Change of correspond Address form PTO/SB/12	dence address (or Change 22) attached.	of Correspondence	(1) the names of up or agents OR, alterna (2) the name of a sir registered attorney of	to 3 registered pate atively, ngle firm (having as or agent) and the nar	a member a 2nes of up to	enneth Burra
FR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of	dence address (or Change 22) attached.	of Correspondence	(1) the names of up or agents OR, alternate (2) the name of a sir	to 3 registered pate atively, ngle firm (having as or agent) and the nau ttorneys or agents. I	a member a 2nes of up to	enneth Burra
R 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	dence address (or Change 22) attached. tion (or "Fee Address" In or more recent) attached.	of Correspondence dication form Use of a Customer	(1) the names of up or agents OR, alterna (2) the name of a sin registered attorney of 2 registered patent a listed, no name will	to 3 registered pate atively, ngle firm (having as or agent) and the nat ttorneys or agents. I be printed.	a member a 2nes of up to	enneth Burra
R 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  ASSIGNEE NAME AND	dence address (or Change 22) attached. tion (or "Fee Address" In or more recent) attached.	of Correspondence dication form Use of a Customer D BE PRINTED ON THE	(1) the names of up or agents OR, alterna (2) the name of a sin registered attorney of 2 registered patent a listed, no name will E PATENT (print or	to 3 registered pate atively, ngle firm (having as or agent) and the nat thorneys or agents. I be printed.	a member a 2 no f no name is 3	
R 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  ASSIGNEE NAME AND	dence address (or Change 22) attached. tion (or "Fee Address" In or more recent) attached.	of Correspondence dication form Use of a Customer D BE PRINTED ON THE	(1) the names of up or agents OR, alterna (2) the name of a sin registered attorney of 2 registered patent a listed, no name will E PATENT (print or	to 3 registered pate atively, ngle firm (having as or agent) and the nat thorneys or agents. I be printed.	a member a 2 no f no name is 3	
R 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  ASSIGNEE NAME AND	dence address (or Change 22) attached. tion (or "Fee Address" In or more recent) attached. D RESIDENCE DATA To an assignee is identified a 37 CFR 3.11. Completi	of Correspondence dication form Use of a Customer D BE PRINTED ON THE I below, no assignee dat on of this form is NOT a	(1) the names of up or agents OR, alterna (2) the name of a sin registered attorney of 2 registered patent a listed, no name will E PATENT (print or	to 3 registered pate atively, ngle firm (having as or agent) and the nattorneys or agents. I be printed.  type)  patent. If an assignment.  04/03	a member a 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	document has been filed for 036 500285 09846496
R 1.363).  Address form PTO/SB/12  "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required.  ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in  (A) NAME OF ASSIGNI	dence address (or Change 22) attached. tion (or "Fee Address" In or more recent) attached.  DRESIDENCE DATA To an assignee is identified 37 CFR 3.11. Completi	of Correspondence dication form Use of a Customer  D BE PRINTED ON THE d below, no assignee dat on of this form is NOT a	(1) the names of up or agents OR, alterna (2) the name of a sir registered attorney of 2 registered patent a listed, no name will E PATENT (print or ta will appear on the a substitute for filling a RESIDENCE: (CITY	to 3 registered pate atively, ngle firm (having as or agent) and the nattorneys or agents. I be printed.  type) patent. If an assignment.  04/03 and STATE OR CC  101 FC	a member a 2 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	document has been filed for 036 500285 09846490
R 1.363).  Address form PTO/SB/12  "Fee Address" indicates PTO/SB/47; Rev 03-02 of Number is required.  ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in	dence address (or Change 22) attached. tion (or "Fee Address" In or more recent) attached.  DRESIDENCE DATA To an assignee is identified 37 CFR 3.11. Completi	of Correspondence dication form Use of a Customer  D BE PRINTED ON THE d below, no assignee dat on of this form is NOT a	(1) the names of up or agents OR, alterna (2) the name of a sin registered attorney of 2 registered patent a listed, no name will E PATENT (print or ta will appear on the a substitute for filing a	to 3 registered pate atively, ngle firm (having as or agent) and the nattorneys or agents. I be printed.  type)  patent. If an assignment.  04/03 and STATE OR CC  CA 02 FC	a member a 2 2 3 3 3 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	document has been filed for 036 500285 09846490 DA
R 1.363).  Address form PTO/SB/12  Tee Address" indicate PTO/SB/47; Rev 03-02 of Number is required.  ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in  (A) NAME OF ASSIGNIT	dence address (or Change 22) attached.  tion (or "Fee Address" In or more recent) attached.  DRESIDENCE DATA To an assignee is identified 37 CFR 3.11. Completing EE.	of Correspondence dication form Use of a Customer  D BE PRINTED ON THE d below, no assignee dat on of this form is NOT a  (B) R	(1) the names of up or agents OR, alterna (2) the name of a sin registered attorney of 2 registered patent a listed, no name will E PATENT (print or ta will appear on the substitute for filing a RESIDENCE: (CITY	to 3 registered pate atively, ngle firm (having as or agent) and the narttorneys or agents. I be printed.  type) patent. If an assignment.  04/03 and STATE OR CC  CA 02 FC 03 FC	a member a mes of up to f no name is 3  mee is identified below, the of the following state	document has been filed for 036 500285 09846490 DA DA
CR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicated PTO/SB/47; Rev 03-02 of Number is required.  ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNET FORM Factors asset check the appropriate entering the properties of the corresponding to t	dence address (or Change 22) attached.  22) attached.  The first of the control o	of Correspondence dication form Use of a Customer  D BE PRINTED ON THE delow, no assignee dat on of this form is NOT a  (B) F	(1) the names of up or agents OR, alterna (2) the name of a sin registered attorney of 2 registered patent a listed, no name will E PATENT (print or ta will appear on the substitute for filing a RESIDENCE: (CITY	to 3 registered pate atively, ngle firm (having as or agent) and the narttorneys or agents. I be printed.  type) patent. If an assignment.  04/03 and STATE OR CC  CA 02 FC 03 FC	a member a 2 2 3 3 3 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	document has been filed for 036 500285 09846490 DA DA
R 1.363).  Address form PTO/SB/12  Tee Address" indicate PTO/SB/47; Rev 03-02 of Number is required.  ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in  (A) NAME OF ASSIGNIT	dence address (or Change 22) attached.  22) attached.  The first of the control o	of Correspondence dication form Use of a Customer  D BE PRINTED ON THE delow, no assignee dat on of this form is NOT a  (B) F	(1) the names of up or agents OR, alterna (2) the name of a sir registered attorney of 2 registered patent a listed, no name will!  E PATENT (print or ta will appear on the a substitute for filling a RESIDENCE: (CITY LIVETMOTE ded on the patent):	to 3 registered pate atively, ngle firm (having as or agent) and the nauttorneys or agents. I be printed.  type) patent. If an assignment. 04/03 and STATE OR CO O3 FC O3 FC O1 Individual	a member a 2 2 3 3 3 4 5 6 6 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7	document has been filed for 036 500285 09846490 DA DA
CALLER NAME OF ASSIGNATION AND ASSIGNED NAME OF ASSIGNATION FOR THE CONTRACT OF THE PROPERTY O	dence address (or Change 22) attached.  22) attached.  The first of th	of Correspondence dication form Use of a Customer  D BE PRINTED ON THE d below, no assignee dat on of this form is NOT a  (B) R  egories (will not be printed	(1) the names of up or agents OR, alterna (2) the name of a sir registered attorncy of 2 registered patent a listed, no name will!  E PATENT (print or the substitute for filling a RESIDENCE: (CITY LIVETMOTE ded on the patent):	to 3 registered pate atively, ngle firm (having as or agent) and the nauttorneys or agents. I be printed.  type) patent. If an assignment. 04/03 and STATE OR CO O3 FC O3 FC O1 Individual CO out of the fee(s) is e	a member a 2 2 3 3 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	document has been filed for 036 500285 09846490 DA DA
CA 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicated PTO/SB/47; Rev 03-02 of Number is required.  ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNITY FORM Factors as check the appropriate The following fee(s) are Institute	dence address (or Change 22) attached.  22) attached.  The result of the recent of attached.  22) Attached.  23) Attached.  24) Attached.  25) Attached.  26) Attached.  26) Attached.  27) Attached.  28) Attached.  28) Attached.  29) Attached.  20) Attached.  20) Attached.  21) Attached.  21) Attached.  22) Attached.  23) Attached.  24) Attached.  25) Attached.  26) Attached.  26) Attached.  27) Attached.  28) Attached.  29) Attached.  20) Attached.  20) Attached.  20) Attached.  20) Attached.  21) Attached.  21) Attached.  22) Attached.  23) Attached.  24) Attached.  25) Attached.  26) Attached.  26) Attached.  27) Attached.  28) Attached.  29) Attached.  20) Attached.  20) Attached.  20) Attached.  20) Attached.  21) Attached.  21) Attached.  22) Attached.  23) Attached.  24) Attached.  25) Attached.  26) Attached.  26) Attached.  27) Attached.  28) Attached.  29) Attached.  20) Attached.  20) Attached.  20) Attached.  20) Attached.  21) Attached.  21) Attached.  22) Attached.  23) Attached.  24) Attached.  25) Attached.  26) Attached.  26) Attached.  26) Attached.  27) Attached.  28) Attached.  29) Attached.  20) Attached.  20) Attached.  20) Attached.  20) Attached.  21) Attached.  21) Attached.  22) Attached.  23) Attached.  24) Attached.  25) Attached.  26) Attached.  26) Attached.  26) Attached.  27) Attached.  28) Attached.  28) Attached.  29) Attached.  20) Attached.  20) Attached.  20) Attached.  20) Attached.  21) Attached.  21) Attached.  22) Attached.  23) Attached.  24) Attached.  25) Attached.  26) Attached.  26) Attached.  27) Attached.  28) Attached.  28) Attached.  29) Attached.  20) Attached.  20) Attached.  20) Attached.  21) Attached.  21) Attached.  21) Attached.  22) Attached.  23) Attached.  24) Attached.  25) Attached.  26) Attached.  26) Attached.  26) Attached.  27) Attached.  27) Attached.  28) Attached.  28) Attached.  28) Attached.  29) Attached.  20) Attached.  20) Attached.  21) Attached.  21) Attached.  22) Attached.  23) Attached.  24) Attached.  25) Attached.  26) Attached.  26	of Correspondence dication form Use of a Customer  D BE PRINTED ON THE delow, no assignee dat on of this form is NOT a  (B) F  egories (will not be printed)	(1) the names of up or agents OR, alterna (2) the name of a sir registered attorncy of 2 registered patent a listed, no name will!  E PATENT (print or ta will appear on the substitute for filing a RESIDENCE: (CITY Livermore ed on the patent):  Payment of Fee(s):  A check in the amo	to 3 registered pate atively, agle firm (having as or agent) and the nautomeys or agents. I be printed.  type) patent. If an assignment 04/03 and STATE OR CO 03 FC 1 Individual 1 C 1 Individual 1 C 1 Individual 1	a member a 2 2 3 3 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	document has been filed for 036 500285 09846490 DA DA DA OA OA OUT
CR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicated PTO/SB/47; Rev 03-02 of Number is required.  ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNITY FORM Factors as check the appropriate of the following fee(s) are Including Includ	dence address (or Change 22) attached.  22) attached.  The result of the recent of the recent of attached.  2 RESIDENCE DATA To attached of the recent of th	of Correspondence dication form Use of a Customer  D BE PRINTED ON THE delow, no assignee dat on of this form is NOT a  (B) F  egories (will not be printed  the printed of	(1) the names of up or agents OR, alterna (2) the name of a sir registered attorncy of 2 registered patent a listed, no name will!  E PATENT (print or ta will appear on the substitute for filing a RESIDENCE: (CITY Livermore ed on the patent):  Payment of Fee(s):  A check in the amo	to 3 registered pate atively, agle firm (having as or agent) and the nautomeys or agents. I be printed.  type) patent. If an assignment 04/03 and STATE OR CO 03 FC 1 Individual 1 C 1 Individual 1 C 1 Individual 1	a member a 2 2 3 3 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	document has been filed for 036 500285 09846490 DA DA DA OA OA OUT
CANAME OF ASSIGNATION FOR THE FOLLOWING THE	dence address (or Change 22) attached.  22) attached.  32) attached.  33) attached.  34) attached.  35) attached.  36) attached.  37) CFR 3.11. Completing an assignee is identified and assignee is identified and assignee category or category.  36) assignee category or category and an assignee category or category.  36) attached and assignee category or category.  36) assignee category or category.  37) and assignee category or category.  38) assignee category or category.  39) assignee category or category.  31) assignee category or category.  32) assignee category or category.  33) assignee category or category.  34) assignee category or category.  35) assignee category or category.  36) assignee category or category.  37) assignee category or category.  38) assignee category or category.  39) assignee category or category.  31) assignee category or category.  32) assignee category or category.  33) assignee category or category.  34) assignee category or category.  35) assignee category or category.  36) assignee category or category.	of Correspondence dication form Use of a Customer  D BE PRINTED ON THE delow, no assignee dat on of this form is NOT a  (B) F  egories (will not be printed  the printed)  Dove)	(1) the names of up or agents OR, alterna (2) the name of a sir registered attorncy of 2 registered attorncy of 2 registered patent a listed, no name will!  E PATENT (print or the authority of the substitute for filling at the substitute for fill	to 3 registered pate atively, ngle firm (having as or agent) and the nauttorneys or agents. I be printed.  type)  patent. If an assignment.  O4/03 and STATE OR CC  CA 02 FC  O3 FC  Individual 3 C	a member a 2 2 3 3 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	document has been filed for 036 500285 098464900 0A 0
Change of correspond Address form PTO/SB/12  "Fee Address" indicate PTO/SB/47; Rev 03-02 (Number is required.  ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNET FORM Factor asse check the appropriate The following fee(s) are Interest In	dence address (or Change 22) attached.  22) attached.  32) attached.  33 (Fee Address' In or more recent) attached.  34 (Fee Address' In or more recent) attached.  35 (Fee Address' In or more recent) attached.  36 (Fee Address' In or more recent) attached.  37 (Fee Address' In or more recent) attached.  38 (Fee Address' In or more recent) attached.  39 (Fee Address' In or more recent) attached.  30 (Fee Address' In or more recent) attached.  30 (Fee Address' In or more recent) attached.  31 (Fee Address' In or more recent) attached.  32 (Fee Address' In or more recent) attached.  33 (Fee Address' In or more recent) attached.  34 (Fee Address' In or more recent) attached.  35 (Fee Address' In or more recent) attached.  36 (Fee Address' In or more recent) attached.  37 (Fee Address' In or more recent) attached.  38 (Fee Address' In or more recent) attached.  39 (Fee Address' In or more recent) attached.  30 (Fee Address' In or more recent) attached.  30 (Fee Address' In or more recent) attached.  31 (Fee Address' In or more recent) attached.  32 (Fee Address' In or more recent) attached.  39 (Fee Address' In or more recent) attached.  30 (Fee Address' In or more recent) attached.  30 (Fee Address' In or more recent) attached.  31 (Fee Address' In or more recent) attached.  32 (Fee Address' In or more recent) attached.  33 (Fee Address' In or more recent) attached.  34 (Fee Address' In or more recent) attached.  36 (Fee Address' In or more recent) attached.  36 (Fee Address' In or more recent) attached.  37 (Fee Address' In or more recent) attached.  38 (Fee Address' In or more recent) attached.  39 (Fee Address' In or more recent) attached.  39 (Fee Address' In or more recent) attached.  30 (Fee Address' In or more recent) attached.  31 (Fee Address' In or more recent) attached.  31	of Correspondence dication form Use of a Customer  D BE PRINTED ON THE delow, no assignee dat on of this form is NOT a  (B) F  egories (will not be printed)  stated)  Dove) ee 37 CFR 1.27.	(1) the names of up or agents OR, alterna (2) the name of a sir registered attorney of 2 registered patent a listed, no name will!  E PATENT (print or ta will appear on the a substitute for filing a RESIDENCE: (CITY Livermore ed on the patent):  Payment of Fee(s):  A check in the amo Payment by credit of The Director is hereposit Account Numl	to 3 registered pate atively, ngle firm (having as or agent) and the nauttorneys or agents. I be printed.  type)  patent. If an assignment.  O4/03 and STATE OR CC  CA 02 FC  O3 FC  Individual 3 C	a member a 2 2 3 4 5 6 6 6 7 6 6 7 6 6 7 6 6 7 6 6 7 6 7 6	document has been filed for 036 500285 098464900 0A 0
Change of correspond Address form PTO/SB/12  Change of correspond Address form PTO/SB/12  "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required.  ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNITY FORM Factor as echeck the appropriate the following fee(s) are Significant of Significant Pee (No see Significant Pee (N	dence address (or Change 22) attached.  22) attached.  32) attached.  33 (Fee Address' In or more recent) attached.  34 (Fee Address' In or more recent) attached.  35 (Fee Address' In or more recent) attached.  36 (Fee Address' In or more recent) attached.  37 (Fee Address' In or more recent) attached.  38 (Fee Address' In or more recent) attached.  39 (Fee Address' In or more recent) attached.  30 (Fee Address' In or more recent) attached.  30 (Fee Address' In or more recent) attached.  31 (Fee Address' In or more recent) attached.  32 (Fee Address' In or more recent) attached.  33 (Fee Address' In or more recent) attached.  30 (Fee Address' In or more recent) attached.  31 (Fee Address' In or more recent) attached.  32 (Fee Address' In or more recent) attached.  33 (Fee Address' In or more recent) attached.  34 (Fee Address' In or more recent) attached.  35 (Fee Address' In or more recent) attached.  36 (Fee Address' In or more recent) attached.  36 (Fee Address' In or more recent) attached.  37 (Fee Address' In or more recent) attached.  38 (Fee Address' In or more recent) attached.  39 (Fee Address' In or more recent) attached.  39 (Fee Address' In or more recent) attached.  30 (Fee Address' In or more recent) attached.  31 (Fee Address' In or more recent) attached.  31 (Fee Address' In or more recent) attached.  32 (Fee Address' In or more recent) attached.  33 (Fee Address' In or more recent) attached.  34 (Fee Address' In or more recent) attached.  35 (Fee Address' In or more recent) attached.  36 (Fee Address' In or more recent) attached.  36 (Fee Address' In or more recent) attached.  37 (Fee Address' In or more recent) attached.  38	of Correspondence dication form Use of a Customer  D BE PRINTED ON THE delow, no assignee dat on of this form is NOT a  (B) F  egories (will not be printed)  stated)  Dove) ee 37 CFR 1.27.	(1) the names of up or agents OR, alterna (2) the name of a sir registered attorney of 2 registered patent a listed, no name will!  E PATENT (print or ta will appear on the a substitute for filing a RESIDENCE: (CITY Livermore ed on the patent):  Payment of Fee(s):  A check in the amo Payment by credit of The Director is hereposit Account Numl	to 3 registered pate atively, agle firm (having as or agent) and the nautomeys or agents. I be printed.  type)  patent. If an assignment. 04/03 and STATE OR CO. 01 FC. 03 FC. 03 FC. 01 Individual 10 Individual Individu	a member a 2 mes of up to f no name is 3 mee is identified below, the of 2006 BABRAHA2 00000 DUNTRY)  1501 1400.00 1 1504 300.00 1 1504 300.00 1 1504 6.00 1 150reporation or other private granclosed.  8 is attached.  Charge the required fee(s), or centre of the centre	document has been filed for 036 500285 098464900 0A 0
Change of correspond Address form PTO/SB/12  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNITY FORM Factor as echeck the appropriate. The following fee(s) are IN ISSUE FEE  Publication Fee (No set IN	dence address (or Change 22) attached.  22) attached.  tion (or "Fee Address" In or more recent) attached.  DRESIDENCE DATA To an assignee is identified 37 CFR 3.11. Completing 17 CFR 3.11. Completing 18 CFR 3.11. Completing 19 CFR 3.11. Completi	of Correspondence dication form Use of a Customer  D BE PRINTED ON THE d below, no assignee dat on of this form is NOT a  (B) F  egories (will not be printe  4b. P  inited)  Dove) ee 37 CFR 1.27.  Issue Fee and Publication d) will not be accepted fr Patent and Trademark Of	(1) the names of up or agents OR, alterna (2) the name of a sir registered attorney of 2 registered patent a listed, no name will!  E PATENT (print or ta will appear on the a substitute for filing a RESIDENCE: (CITY Livermore ed on the patent):  Payment of Fee(s):  A check in the amo Payment by credit of The Director is hereposit Account Numl	to 3 registered pate atively, ngle firm (having as or agent) and the nartorneys or agents. I be printed.  type)  patent. If an assignment.  O4/03 and STATE OR CC  CA 02 FC  O3 FC  Individual 3 C  punt of the fee(s) is e card. Form PTO-203 reby authorized by a compared	a member a 2 nes of up to f no name is 3  mee is identified below, the of the component of	document has been filed for 036 500285 098464900 0A 0
Change of correspond Address form PTO/SB/12  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNITY FORM Factor as echeck the appropriate. The following fee(s) are IN ISSUE FEE  Publication Fee (No set IN	dence address (or Change 22) attached.  22) attached.  32) attached.  33 (Fee Address' In or more recent) attached.  34 (Fee Address' In or more recent) attached.  35 (Fee Address' In or more recent) attached.  36 (Fee Address' In or more recent) attached.  37 (Fee Address' In or more recent) attached.  38 (Fee Address' In or more recent) attached.  39 (Fee Address' In or more recent) attached.  30 (Fee Address' In or more recent) attached.  30 (Fee Address' In or more recent) attached.  31 (Fee Address' In or more recent) attached.  32 (Fee Address' In or more recent) attached.  33 (Fee Address' In or more recent) attached.  30 (Fee Address' In or more recent) attached.  31 (Fee Address' In or more recent) attached.  32 (Fee Address' In or more recent) attached.  33 (Fee Address' In or more recent) attached.  34 (Fee Address' In or more recent) attached.  35 (Fee Address' In or more recent) attached.  36 (Fee Address' In or more recent) attached.  36 (Fee Address' In or more recent) attached.  37 (Fee Address' In or more recent) attached.  38 (Fee Address' In or more recent) attached.  39 (Fee Address' In or more recent) attached.  39 (Fee Address' In or more recent) attached.  30 (Fee Address' In or more recent) attached.  31 (Fee Address' In or more recent) attached.  31 (Fee Address' In or more recent) attached.  32 (Fee Address' In or more recent) attached.  33 (Fee Address' In or more recent) attached.  34 (Fee Address' In or more recent) attached.  35 (Fee Address' In or more recent) attached.  36 (Fee Address' In or more recent) attached.  36 (Fee Address' In or more recent) attached.  37 (Fee Address' In or more recent) attached.  38	of Correspondence dication form Use of a Customer  D BE PRINTED ON THE d below, no assignee dat on of this form is NOT a  (B) F  egories (will not be printe  4b. P  inited)  Dove) ee 37 CFR 1.27.  Issue Fee and Publication d) will not be accepted fr Patent and Trademark Of	(1) the names of up or agents OR, alterna (2) the name of a sir registered attorney of 2 registered patent a listed, no name will!  E PATENT (print or ta will appear on the a substitute for filing a RESIDENCE: (CITY Livermore ed on the patent):  Payment of Fee(s):  A check in the amo Payment by credit of The Director is hereposit Account Numl	to 3 registered pate atively, ngle firm (having as or agent) and the nartorneys or agents. I be printed.  type)  patent. If an assignment.  O4/03 and STATE OR CC  CA 02 FC  O3 FC  Individual 3 C  punt of the fee(s) is e card. Form PTO-203 reby authorized by a compared	a member a 2 mes of up to f no name is 3 mee is identified below, the of 2006 BABRAHA2 00000 DUNTRY)  1501 1400.00 1 1504 300.00 1 1504 300.00 1 1504 6.00 1 150reporation or other private granclosed.  8 is attached.  Charge the required fee(s), or centre of the centre	document has been filed for 036 500285 098464900 0A 0

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.